U.S. Department of Labor
"Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, times, or chil penalties as provided by 29 U.S.C. 439 or 440.



1. File Number U - 1/900

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing. Name PATRICIA C SCALF Name FUT'L DISTANCIANO OF TEAMSOTIVE Labor Organization File Number 1000 0 9, 3 P.O. Box, Bidg, Room No., if any Street OS SOUTH MILL DISTANCE City South GLASTON BURY City LABANA LTD. State CT ZIP Code + 4 10 64 7, 3 State CT ZIP Code + 4 10 64 7, 3 State DL ZIP Code + 4 2001 Shale DL ZIP Code + 4 2001 A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents of is actively seeking to represent. Shale DL ZIP Code + 4 Trade Name, if any: P.O. Box, Bidg, Room No., if any Trade Name, if any: P.O. Box, Bidg, Room No., if any The Amount. Signature and verification. The undersigned declares, under penalty of Pergray and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete, (See the section on penalties in the instructions). Signature Signature Take Althream CL Author Companying documents), has been examined by the signatory and is, to the best of the undersigned sknowledge and belief, true, correct, and complete, (See the section on penalties in the instructions). Signature and verification. The undersigned declares, under penalty of Pergray and other applicable penalties of the law, that all of the information contained in any accompanying documents), has been examined by the signatory and		01 / 01 / 2004 Through: 12 / 31 / 2004
Labor Organization File Number 000 9 3 P.O. Box, Bildg., Room No., If any Street 0.8	3. Name angladdress of person filing.	4. Name, file number, and address of labor organization.
Street 108 South M. LL DelvE Street 25 Cansiana Ave Juliana City Code+4 DelvE Street 25 Cansiana Ave Juliana City Code+4 DelvE State 25 Cansiana Ave Juliana City City Code+4 DelvE State 25 Cansiana Ave Juliana City City Code+4 DelvE State 25 Cansiana Ave Juliana City City Code+4 DelvE State 25 Cansiana Ave Juliana City City Code+4 DelvE State 25 Cansiana Ave Juliana City City Code+4 DelvE State 25 Cansiana Ave Juliana City City Code+4 DelvE State 25 Cansiana Ave Juliana City City City Code+4 DelvE State 25 Cansiana Ave Juliana City City City City City City City City	Name CATRICIA C SCALF	Name INT'L BROTHERITION OF TEGHSTERS
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City South GC4570x18 U27 State C7 ZIP Code +4 06773 State D2 ZIP Code +4 2201 5. Position in labor organization. Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed W. A. W. S.	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State C.F. ZIP Code + 4 0 6 6 7 3 State D.C. ZIP Code + 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Street 25 LOUISIAND ME, NW
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	submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the
SEE ATTACHED INSCLANNER Date Telephone Number		
	SEE ATTACHED MISCLAMER	Date Telephone Number

Name of Person Filing CARICIA C SCAF	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZiP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name MERLE DELANCEY	3 DINNERS 2 GO EACH
Trade Name, if any: PEARLE DELANCEY PENTING	SUPER SOUL PARTY- VALUE CAKADIAN PRESIDENTAL CHECTION RECESTORS
P.O. Box, Bldg., Room No., if any	Interpental Otacjia- neces
Street 2500 Sutispen Durue	CAZUR UNRAUTUR
city Ofference ?	
State MD ZIP Code ÷ 4 Z0787	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Patricia C. Scalf

DATE